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Case Study

AYURVEDIC MANAGEMENT OF *KAMALA* WITH SPECIAL REFERENCE TO HEPATITIS A

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ABSTRACT

A male patient of age 17 years with clinical features of yellowish discolouration of urine, eyes, reduced appetite, nausea and gaseous discomfort, bitter taste in mouth, reduced appetite, pain in epigastrium, headache. Ayurvedic diagnosis was made of *Koshtashakhashrit Kamala* and modern diagnosis based on blood reports was Hepatitis A. **Interventions**: In this case study, different modern drugs and Ayurvedic *Shamana* medications were used along with *Shodhana Chikitsa.* **Conclusion**: The changes in levels of variables of LFT and patient's clinical features were promising.

INTRODUCTION

In 2025, Hepatitis A (HAV) remains endemic in India, with a prevalence from 2.1% to 52.5%. Hepatitis A is a viral liver infection caused by hepatitis a virus HAV primarily spreading through the fecal-oral route via contaminated food, water, or close contact with an infected person. It is usually self-limiting, with symptoms like jaundice, fatigue, nausea, abdominal pain, and elevated liver enzymes. Severe cases, though rare, may lead to fulminant hepatitis, especially in older or immunocompromised individuals. This case report discusses about the management of hepatitis A with ayurvedic medications.[1] In Ayurveda *Kamla vyadhi* is a disorder described in various Ayurvedic *Samhitas*, primarily affecting the liver and manifesting as yellow discoloration of the skin, eyes and urine.[2] According to *Charak Samhita (Ch.chi. 16)* it results from aggravated *Pitta* and is often a complication of *Panduroga. Sushruta Samhita (Su.utt. 44*) classifies it into two types: *Shakhashrita* and *Kumbha kamala. Ashtang Hridaya (Ah.utt.13)* mentions it as a severe condition caused by improper digestion and metabolism. *Madhav nidan (34/1-10)* emphasizes its association with liver dysfunction. Bhavprakash elaborates on its symptoms and treatment, advocations *Pitta* pacifying therapies, purgation, and hepatoprotective herbs.

Case Study: A 17-year-old male with complaints of yellowish discoloration of urine, eyes, reduced appetite, nausea and gaseous discomfort, bitter taste in mouth, reduced appetite, pain in epigastrium, headache.

Demographic detail of patient

Name	xxx
Age	17 years
Sex	Male
OPD MRD No:	7068204
Marital status	Unmarried
Socioeconomic status	Middle class family
Occupation	Student
Weight /Height	48 kg/158 cm

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Chief Complaints

Symptoms	Duration
Yellowish discolouration of urine, eyes and skin	8 days
Nausea and gaseous discomfort, bitter taste in mouth, reduced appetite	2 days
Pain in epigastrium	2 days
Headache (temporal and frontal region)	1 day

Vitals

BP	110/70mmHg
PR	78bpm
Spo2	99% on RA

Personal History

Bowel	Passed (greenish coloured on admission f/b yellowish f/b normal stool colour)
Urine	Dark yellow
Appetite	Reduced
Sleep	Sound
Diet	Mixed
Addiction	No addiction

Past history: No/H/HTN, DM, asthma, thyroid dysfunction, hemorrhoid.

Medical history: Jaundice 4 months ago patient was admitted at SSH Hospital under Kayachikitsa department between 21-10-24 to 28-10-24 for diagnosis of typhoid fever and patient had features of jaundice from the day of admission. Due to unavailability of source for lab test no test for HAV and HEV was done and patient was treated for typhoid and raised bilirubin of 4mg/dl was cured and discharged.

Asthavidha pariksha[3]

Nadi	*Vatapittaj* (72/Min)
Mutra	*Haridra Varna*
Mala	*Haridra Harita Varna*
Jinvha	*Ishat Sama*
Shabda	*Spashta*
Sparsha	*Anushna Shita*
Druk	*Prakrut*
Akruti	*Krusha*

Dashavidha pariksha	
Prakriti	*Vatta pitta*
Vikriti	*Rasa Rakta Mansa*
Sara	*Sarva dhatu sara*
Samhanana	*Madhyama*
Satmya	*Sarva Rasa Satmya*
Pramana	*Madhyama*
Satva	*Madhyama*

Ahar	*Avara*
Vyayama	*Avara*
Vaya	*Yuva Avastha*

Nidan Panchak

- ***Nidan***: Patient had a *Ruksha*, half cooked, roasted chicken, with *Ushna Tikshna gunayukta* gravy of non-veg meal.
- ***Purvarupa***: Fever, abdominal pain, vomiting, incomplete bowel evacuation, mild discolouration of sclera and urine.
- ***Rupa*****:** Pain in epigastric region of abdomen, nausea, gaseous discomfort, incomplete bowel evacuation, yellowish discolouration of urine, skin, sclera, headache, weakness.
- ***Samprapti***: *Pittakar aahar* with *Ushna Tikshna Guna* caused *Pitta Prakopa,* causing *Vidaha* of R*akta* and *Mansa Dhatu*, further leading to *Pitta Udirana* in *Yakrit,* further the *Vimargagaman* of *Pitta* i.e., *Sampurna sharir vimargagaman,* causing *Sanga* of this *pitta* in whole body resulting into *Bahupittakamala.*[2,4]
- ***Upashaya Anupashaya***: *Upashaya*: *Pittahara Chikitsa* with medication and meal along with clear bowel helps in resolving above symptoms.

Examination

Pallor	(+)
Icterus	(+)
Lymphadenopathy	(-)
Clubbing	(-)
Cyanosis	(-)
Oedema	(-)

Systemic Examination

CNS: The patient was conscious and oriented to person, place, time. CVS: S1S2 N, with added sounds.

R/S: Bilateral air entry equal with no added sounds GIT:

Inspection

Skin: Yellow pale

Shape: Scaphoid

Umbilicus: Inverted and centrally placed.

Abdominal Movements: Normal

Pulsations: Not Visible

Dilated veins: Not seen

Peristalsis: Normal

Scars and sinuses: Not any

Hernial orifices: Intact

Palpation

No tenderness, guarding, rigidity on superficial palpation. No any organomegaly.

Percussion: Resonant note noted in epigastric and umbilical quadrant with left lumbar quadrant.

Auscultation: Normal

Investigations

Date	**CBC** **Hb/ WBC/ PLT**	**LFT** **SGPT/ SGOT/ALP** **TB/DB/IB**	**RFT** **Urea/Creat**	**Others**
28/12/24	12.5/3.4/141	925.6/891.3/365.9 16.54/14.35/2.19	26.9/0.87	RBS: 99mg/dl CRP: 2.3mg/L Dengue, Malaria N/R Typhidot IgM, IgG=Negative
01/01/25				PT-INR=20.2sec 1.53
02/01/25		715/847/222 22.83/13.55/9.28		
03/01/25				Sr.Ceruloplasmin: 29mg/dl Hepatitis A IgG 6.93 Hepatitis A IgM 0.50 HEV IgG 0.12 HEV IgM 0.22 USG(W/A): Increased echogenicity of rt

				renal and liver parenchyma.
05/01/25		598/754/223 24.31/18.11/6.2		
08/01/25		442/568/240 25.26/16.9/8.36		
16/01/25		573/779/112 22/16/6		
20/01/25	14.6/6.17/276	517/548/248 15.71/11.1/4.6	15.99/0.83	AFB=6.35
18/03/25	14.4/6310/230	93.3/179.5/464.5 1.53/0.79/0.74	33/0.82	

Materials and Methods (Interventions)

S.no	Ayurvedic Interventions	Dosage	Duration of administration in a day	Total period of administration
1	Tab. Nirocil	2 Tablets	TDS after meal with water	15 days
2	*Patolmuladi kwatha*	20ml *Kwatha*	BD after meal with equal amount of water	15 days
3	*Arogyavardhini Vati*	2 Tablets	BD after meal with water	15 days
4	Combination: *Kutaki, Gokshur, Dhamasa, Shunthi, Pashanbheda, Punarnava, Amalaki, Guduchi churna*	10gm each except *Shunthi churna* being 5gm, total 85gm was divided into 8 *Pudiya*	1 *Pudiya* used for fresh *Kwath* preparation post meal BD.	15 days
5	*Faltrikadi Ghan Vati*	2	BD with equal amount of water	15 days
6	*Nasya*	*Devdali Phala*	2 drops in each nostril	5 days apart 2 settings only
7	*Basti: Anuvasana* (60ml)	*Mahatiktaka ghrita*	60 ml	Day 1, 2, 4, 6, 8
8	*Niruha*	*Panchatiktaka kshira basti*	240 ml	Day 3, 5, 7

S.no.	Modern drug intervention	Dose	Duration
1.	Cap. Rabijo L	1 tablet	OD
2.	Tab UDK 300	1 tablet	BD
3.	Syp. Lactulose	15 ml	HS
4.	Tab Rifagut 550mg	1 tablet	BD
5.	Tab Alamine forte	1 tablet	BD

RESULTS AND DISCUSSION

The medications used were selected because of the following reasons and mode of action. The case had a history of jaundice which was cured but was raised much higher after 4 months, this was linked to *Lina dosha*[5] concept during *Chikitsa* just as a seed lies dormant in the soil and sprouts when the time is right, similarly, the *Dosha* lies dormant in the *Dhatus* and manifests when conditions become favorable.

Tab Nirocil: It contains *Tamalaki, Guduchi, Eranda* and *Yashad Bhasma*, so it acts as *Yakritauttejaka*, immunomodulator, *Jwaraghana*, and *Rechaka*.[6]

Patolmuladi kwath:[7] Relieves burning sensation, it acts on *Vatadushti, Raktadushti, Kapha* accumulation, and *Sammurchana* of *Vata* and *Rakta*. The drugs are *Tikta rasa* as *Tikta rasa* works on *Pitta, Pitta* and *Rakta* have *Ashyaashrayi sambandha*, *Moola sthana* for *Rakta* is *Yakrit*, alleviating *pitta* will help protect *Yakrit* from

vitiated *Rakta* and *Pitta*. *Katuki* is *Bhedaniya Dravya* that can help in eliminating *Pitta*.

***Arogyavardhini vati*:**[8] It has *Abhrak* maintains natural metabolism, *Amalaka* used as antioxidant, anti-hepatotoxic, anti-bacterial, *Haritaki*, increases digestion and useful in *Kamala* as being *Anulomana* in nature, *Guggulu* helps in removing unwanted fats and balances cholesterol, *Chitrak* will enhance *Pachak pitta*.[5]

Phalatrikadi ghan vati: [9] It has properties like *Pitta Kapha Shamak, Yakritduttejaka, Shothahara, Pandu rogahara, Rechana, Deepana.*[6]

Panchakarma: Basti chikitsa: [10] In *Kamala*, there is indication of *Virechana* but in this case patient was *Durbala* (weak) and he found *Snehapana* to be non-palatable. Hence according to Cha. Chi.28/86-87, the *Durbala* patient can be given *Niruha Basti.*[7]

Mahatiktaka Ghrita:[11] The drugs being *Tikta rasa* helps to alleviate *Pitta*, and by that the *Rakta sthana* liver is detoxified. enhances bile flow, reduces inflammation, supports hepatocyte regeneration.[8]

***Panchatiktaka Kshira Basti*:** [12] It works by pacifying aggravated *Pitta dosha*, detoxifying the liver, nourishing tissues, and promoting bile flow. The bitter *Tikta Dravyas* help in liver rejuvenation, while *Kshira* (milk) provides a cooling and soothing effect, preventing excess heat and oxidative damage.[9]

***Devdali nasya*:** [13] *Dronapushpi Swarasa* was selected for the *Nasya Karma. Dronapushpi* is having *Katu Tikta Rasa, Kapha Vatahara, Ushna Virya* and *Katu Vipaka.*[10]

Nervous stimulation: Nasal administration of drugs causes stimulation of brain matter resulting in stimulation of parasympathetic nerves. All the abdominal organs are supplied by parasympathetic nerves. The stimulation of hepatic nerve plexus and vagus nerve stimulates the hepatocytes and contributes in the hepatic repair. The *Swarasa*, due to the high concentration of phytoconstituents, when administered in high dose, helps in more stimulation of nerves.

Tab. UDK: Ursodeoxycholic acid (UDCA) reduces cholesterol absorption, protects hepatocytes, modulate bile acid composition, stabilizes cell membranes, and exhibits anti-apoptotic, immune-modulatory, and cytoprotective effects in liver and gall bladder diseases.

Tab. Rabijo L: Rabeprazole inhibits H+/K+ATPase, reducing gastric acid. levosulprirde blocks dopamine D2 receptors, enhancing gastrointestinal motility and exerting prokinetic and antidepressant effects.

Lactulose reduces ammonia absorption, promotes gut microbiota balance, acidifies colon, enhances ammonia excretion, and prevents hepatic encephalopathy.

Tab. Rifagut: Rifiximine: Reduces gut bacteria, decreases ammonia production, prevents hepatic encephalopathy and improves gut liver axis function.

Tab. Alamine forte contains L-ornithine, L-Aspartate, supporting liver detoxification, reducing ammonia levels, improving liver functions and aiding recovery in hepatic disorders.

Different Ayurvedic Drugs and their Ayurvedic perspective of working to alleviate the *Dosha*[14]

Drug	***Rasa***	***Vipaka***	***Virya***	***Doshaghnata***
Kutaki[15]	*Tikta Katu*	*Katu*	*Shita*	*Kaphapitta*
Bhumiamalaki	*Kashay Amla Madhura Tikta*	*Katu*	*Shita*	*Pittakapha*
Guduchi	*Tikta Katu Kashaya*	*Madhura*	*Ushna*	*Tridosha*
Pashanbheda	*Tikta Kashay*	*Katu*	*Shita*	*Tridosha*
Shunthi	*Katu*	*Madhur*	*Ushna*	*Kapha Vata*
Goshur	*Madhur*	*Madhur*	*Shita*	*Kaphavataghna*
Dhamasa	*Tikta Kashay Madhur*	*Katu Madhur*	*Shita*	*Tridosha*
Amalaki	*Amla Kashaya Madhur*	*Amla Madhur*	*Shita*	*Tridosha*
Punarnava	*Katu Tikta Kashay*	*Katu*	*Ushna*	*Kaphavataghna*
Devdali	*Tikta Katu*	*Katu*	*Ushna*	*Tridosha*

The above treatment leads to increase in appetite, digestive power of patient, and secured patient's liver from further damage.

CONCLUSION

Integrating Ayurvedic formulations with modern pharmacological treatments provides a multifaceted approach to manage liver and spleen disorders. The herbs, therapies, and medications all work together to detoxify, rejuvenate, and protect the liver and spleen, while balancing the body's *Doshas*, especially *Pitta* and *Rakta*. The combination of treatments like oral drugs, *Panchakarma*, and targeted pharmacological support (such as UDCA, Rifagut, and lactulose) offers a holistic solution for addressing liver and spleen health, enhancing detoxification, supporting regenerative processes, and improving

overall organ function. This comprehensive approach is particularly beneficial in treating chronic liver conditions like cirrhosis, jaundice, and splenomegaly.

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